

REQUEST FOR USE OF FACILITIES

Oak Grove United Methodist Church
PO Box 68238
Oak Grove, OR 97268

OFFICE 503-654-3161
FAX 503-654-3163
ogumc@comcast.net

When do you need it?
Date & Set-up of Event
Please be specific:
Date _____

Time of event
from: _____

to: _____

Include removal of user
equipment/clean-up in
event time.

Setup time
from: _____
to: _____

**All functions and
cleanup must be
completed by 10:00 PM**

Liability insurance?
Yes _____ No _____

Carrier:

Who are you?

Name:

Address:

Email _____

Authorized person in charge:

Phone contact:

Purpose & Use:

What do you need?

Check room(s) requested
(Note maximum number of people
allowed in rooms in brackets)

Fellowship Hall (150) _____

Wesley Room (20) _____

Stage (40) _____

Room 2&4 (75) _____

Room 7 (30) _____

Kitchen _____

The kitchen may be used for
coffee and/or refrigeration.

**If church dishes are used,
an OGUMC Kitchen Hostess
(\$15 Per Hr) & Dishwasher
(\$60) are required.**

PLEASE NOTE: The Oak Grove United Methodist church (OGUMC) assumes no responsibility whatsoever for any property placed in OGUMC facilities or grounds by the user. User agrees to defend and hold harmless the OGUMC from any and all liabilities, costs and expenses which may be charged against or incurred by the church for the loss of any equipment by reason of any personal injury or property damage suffered or claimed to have been suffered in any way from any accident or occurrence arising from the use or occupancy of the premises and the adjacent grounds. Red or orange kool-aid not permitted on carpeted areas. (see back of this sheet)

**SMOKING OR ALCOHOLIC BEVERAGES ARE NOT ALLOWED
IN ANY PART OF THE CHURCH OR PREMISES.**

I understand and agree to abide by the above conditions for the use of Oak Grove United Methodist Church

Signature of authorized person

Date

Any persons or organizations that wish to use the OGUMC Church must agree to sign and abide by the Release, Waiver and Indemnity Agreement attached. Failure to sign and abide by the agreement will result in usage denial by the Building Facilitator and Pastor.

Please draw a detailed diagram on the attached sheet showing how you would like the room(s) set up.

Figure Total Amount Due in This Space

Make check payable to:
Oak Grove United Methodist Church
PAYMENT DUE
IN ADVANCE OF EVENT

Building Facilitator Approval: YES NO

EMERGENCY PROCEDURES OAK GROVE UNITED METHODIST CHURCH

All persons using the Oak Grove United Methodist Church building or grounds are required to follow the emergency procedures as outlined in this document.

ACCIDENTS:

The Oak Grove United Methodist Church is not responsible for any costs related to 911 calls or ambulance, taxi, (transport) costs unless said costs are approved by a paid church staff member.

Any accident which occurs on Oak Grove United Methodist Church property and which results in injury or medical attention **must be reported** in writing to the church secretary within 24 hours of the incident.

FIRE:

Fire escape routes and maps are located in the hallway and in most classrooms.

In case of fire the Fire Department (911) must be called immediately.

All persons inside the facility **must exit the building immediately.**

Supervising adults are responsible for the safety and exiting of all minors.

All doors and windows should be closed immediately upon exiting the area.

The back parking lot or sidewalks across the street are the safest waiting locations for exited persons.

Please Note: The Church Office, equipment and supplies are not considered a part this Building Use Agreement and no building keys will be issued for outside events.

AV & Sound Equipment:

OGUMC does not provide any AV equipment except microphones and projection screen.

Fellowship Hall:

There are 10 round tables available for use. 7 chairs fit around a table comfortably, but 8 can be used. 8 oblong tables are also available. 8-10 chairs can be placed around these tables.

WE ASK THAT ALL TABLES & CHAIRS BE LEFT UP FOLLOWING ANY EVENT

Number of people attending _____

Number of tables needed _____

Number of chairs needed _____

Lectern Yes ___ No ___

PA System Yes ___ No ___

Stage: Open ___ Closed ___

Other Needs:

FELLOWSHIP HALL

A detailed plan must be made by the user. Please list the equipment needed and its location. 72 hour notice must be given. File this form in the church office.

Draw a diagram of how you would like the room set up in the space below.

WE ASK THAT ALL TABLES & CHAIRS BE LEFT UP FOLLOWING ANY EVENT.

STAGE

door

door

Kitchen Opening

Kitchen Doors

Wesley Room